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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application No.	08/641,332
Filing Date	4/30/1996
Patent/Registration No.	5,997,680
Grant Date	12/7/1999
Inventor/Owner	Popat
Attorney Docket No.	A019-P08259US

To: Commissioner for Patents P.O. Box 1450								
	Alexandria, VA 22313-1450							
Ple	Please withdraw me as attorney or agent for the above identified patent application, and							
	all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
X	the attorneys/agents associated with Customer Number: 33356							
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reasons for this request are:								
☐ 10.	$\square$ 10.40(b)(1) $\square$ 10.40(b)(2) $\square$ 10.40(b)(3) $\square$ 10.40(b)(4): The practitioner is discharged by the client.							
<u> </u>	40(c)(1)(i)	☐ 10.40(c)(1)(ii)	10.40(c)(1)(iii)	10.40(c)(1)(	(iv)			
<u> </u>	40(c)(1)(v)	] 10.40(c)(1)(vi)	10.40(c)(2)	10.40(c)(3)				
☐ 10.	40(c)(4)	] 10.40(c)(5)	10.40(c)(6)					
Certifications								
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.								
1. Me have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.								
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.								
3. 🗵 I/We have notified the client of any responses that may be due and the time frame within which the client must respond.								
Please provide an explanation, if necessary:								
CORRESPONDENCE ADDRESS								
The correspondence address is NOT affected by this withdrawal.								
2.								
The address associated with Customer Number:								
OR								
⊠ Firm/Ir	n/Individual Name Douglas N. Larson							
Address	24772 Saddle Peak Road							
City		Malibu	State	CA	Zip 90265-3042			
Country		US		F21				
Telephone		310-317-4466		Email				
I am authorized to sign on behalf of myself and all withdrawing practitioners.								
Signature	/Steven C. Se	reboff/						
Name Steven C. Sereboff		Registration No.	37035					
Date	January 28, 2009		Telephone No.	805-230-1350				
NOTE: Withdrawal is effective when approved rather that when received. Unless there are 30 days between approval of withdrawal and the expiration								

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.